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School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent **S**: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 33 Musselshell 0605 Roundup Elem **Elementary** District Route Miles Rate Days **Bus Driver's** Per Day Per Mile Operated Social Security # Percentage # # Capacity Inspection 50 55 1 109 1.15 50 08/02/05 50 55 14 49.2 0.95 48 08/02/05 50 15 0.95 48 08/02/05 55 66 17 0.95 50 55 140 48 08/02/05 2 72 50 55 50 1.57 08/02/05 50 55 3 148 0.95 48 08/02/05 5 0.95 50 55 81 48 08/02/05 50 55 6 92 1.57 72 08/03/05 7 0.95 19 50 55 180 08/02/05 50 55 9 0.95 48 196 08/02/05

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COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:	
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County: District: District Level:	
33 Musselshell 0607 Melstone Elem Elementary	
Percentage # Route Miles Rate Per Day Per Mile Capacity Inspection Operated Social Security	
50 64J 1 60 0.95 47 08/03/05	
50 64J 2 115.8 0.95 21 08/03/05	
50 64J 3 66 1.15 53 08/18/05	

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